

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-678)**

SERIAL NO. 29/284858 FILING DATE
APPLICATION NO.

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | | | | | | | |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|-----------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 31 | | | | | | |
| 2 | | | | | | | 32 | | | | | | |
| 3 | | | | | | | 33 | | | | | | |
| 4 | | | | | | | 34 | | | | | | |
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| 10 | | | | | | | 40 | | | | | | |
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| 18 | | | | | | | 48 | | | | | | |
| 19 | | | | | | | 49 | | | | | | |
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| 45 | | | | | | | 75 | | | | | | |
| 46 | | | | | | | 76 | | | | | | |
| 47 | | | | | | | 77 | | | | | | |
| 48 | | | | | | | 78 | | | | | | |
| 49 | | | | | | | 79 | | | | | | |
| 50 | | | | | | | 80 | | | | | | |
| TOTAL IND. | 1 | | 2 | | | | 81 | | | | | | |
| TOTAL DEP. | 10 | | 5 | | | | 82 | | | | | | |
| TOTAL CLAIMS | 7 | | 7 | | | | 83 | | | | | | |
| | | | | | | | 84 | | | | | | |
| | | | | | | | 85 | | | | | | |
| | | | | | | | 86 | | | | | | |
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| | | | | | | | TOTAL IND. | | | | | | |
| | | | | | | | TOTAL DEP. | | | | | | |
| | | | | | | | TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY